

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	RM	181	08-28-01
RESPONSE FORMALITY REVIEW	ZM	927	11-28-01
	SIG	1077	12/13/01

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral)...	Canceled	A	Appeal
.....	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	3/4/07
2	✓	✓	3/4/07
3	✓	✓	3/4/07
4	✓	✓	3/4/07
5	✓	✓	3/4/07
6	✓	✓	3/4/07
7	✓	✓	3/4/07
8	✓	✓	3/4/07
9	✓	✓	3/4/07
10	✓	✓	3/4/07
11	✓	✓	3/4/07
12	✓	✓	3/4/07
13	✓	✓	3/4/07
14	✓	✓	3/4/07
15	✓	✓	3/4/07
16	✓	✓	3/4/07
17	✓	✓	3/4/07
18	✓	✓	3/4/07
19	✓	✓	3/4/07
20	✓	✓	3/4/07
21	✓	✓	3/4/07
22	✓	✓	3/4/07
23	✓	✓	3/4/07
24	✓	✓	3/4/07
25	✓	✓	3/4/07
26	✓	✓	3/4/07
27	✓	✓	3/4/07
28	✓	✓	3/4/07
29	✓	✓	3/4/07
30	✓	✓	3/4/07
31	✓	✓	3/4/07
32	✓	✓	3/4/07
33	✓	✓	3/4/07
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36	✓	✓	3/4/07
37	✓	✓	3/4/07
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41	✓	✓	3/4/07
42	✓	✓	3/4/07
43	✓	✓	3/4/07
44	✓	✓	3/4/07
45	✓	✓	3/4/07
46	✓	✓	3/4/07
47	✓	✓	3/4/07
48	✓	✓	3/4/07
49	✓	✓	3/4/07
50	✓	✓	3/4/07

Cabin		Date	
Final	Original		
51	✓	2/10	
52	✓	10/1/68	
53	✓		
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Claim		Date
Filed	Original	
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BEST AVAILABLE COPY

**If more than 150 claims or 10 actions
staple additional sheet here**

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